

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 4. Motion and Affidavit for Permission to Proceed in Forma Pauperis

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form04instructions.pdf>

9th Cir. Case Number(s) 25-930

Case Name Luo v. People of California

Affidavit in support of motion: I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature /s/ Xingfei Luo

Date Feb 19, 2025

The court may grant a motion to proceed in forma pauperis if you show that you cannot pay the filing fees **and** you have a non-frivolous legal issue on appeal.

Please state your issues on appeal. (*attach additional pages if necessary*)

Please see the motion for a COA filed concurrently.

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ 0	\$ 0	\$ 0
Self-Employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and Dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment Payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-Assistance (such as welfare)	\$ 221	\$ 0	\$ 221	\$ 0
Other (specify) <input type="text"/>	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL MONTHLY INCOME:	\$ 221	\$ 0	\$ 221	\$ 0

2. List your employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
Self-employed	PO BOX 4886, El Monte, CA 91734	From 2/19/2023 To present	\$ N/A
		From To	\$
		From To	\$
		From To	\$
		From To	\$

3. List your spouse's employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A	N/A	From To	\$
		From To	\$
		From To	\$
		From To	\$

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
N/A	N/A	\$ <input type="text"/>	\$ <input type="text"/>
N/A	N/A	\$ <input type="text"/>	\$ <input type="text"/>
N/A	N/A	\$ <input type="text"/>	\$ <input type="text"/>
N/A	N/A	\$ <input type="text"/>	\$ <input type="text"/>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing.

Home	Value	Other Real Estate	Value
N/A	\$ <input type="text"/>	N/A	\$ <input type="text"/>

Motor Vehicle 1: Make & Year	Model	Registration #	Value
N/A	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Motor Vehicle 2: Make & Year	Model	Registration #	Value
N/A	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Other Assets	Value
N/A	\$ <input type="text"/>
N/A	\$ <input type="text"/>
N/A	\$ <input type="text"/>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
N/A	\$ <input type="text"/>	\$ <input type="text"/>
N/A	\$ <input type="text"/>	\$ <input type="text"/>
N/A	\$ <input type="text"/>	\$ <input type="text"/>

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age
N/A	N/A	<input type="text"/>
N/A	N/A	<input type="text"/>
N/A	N/A	<input type="text"/>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0	\$ 0
- Are real estate taxes included? <input type="radio"/> Yes <input type="radio"/> No		
- Is property insurance included? <input type="radio"/> Yes <input type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 200	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ 0	\$ 0
- Life	\$ 0	\$ 0
- Health	\$ 0	\$ 0
- Motor Vehicle	\$ 0	\$ 0
- Other <input type="text"/>	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
Specify <input type="text"/>	\$ 0	\$ 0

	You	Spouse
Installment payments		
- Motor Vehicle	\$ 0	\$ 0
- Credit Card (name) <input type="text"/>	\$ 0	\$ 0
- Department Store (name) <input type="text"/>	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify) <input type="text"/>	\$ 0	\$ 0
TOTAL MONTHLY EXPENSES	\$ 200	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? ☐ Yes ☒ No

If Yes, describe on an attached sheet.

10. Have you spent—or will you be spending—any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If Yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

12. State the city and state of your legal residence.

City State

Your daytime phone number (ex., 415-355-8000)

Your age Your years of schooling

CERTIFICATE OF SERVICE

I declare that I electronically filed the forgoing with the United States Court of Appeal for the Ninth Circuit. Participants in the case who are registered CM/ECF users will be served by the CM/ECF system.

In addition, I electronically served the forgoing to the following email address:

michael.butera@doj.ca.gov

I declare under penalty of perjury under the laws of the State of California and United States of America that the foregoing is true and correct.

Executed on February 19, 2025

/s/ XINGFEI LUO

XINGFEI LUO, In Pro Per